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<p align="center"><u>CERTIFICATE OF MAILING OR TRANSMISSION</u></p> <p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: <u>April 27, 2005</u></p> <p>Signed: <u>Michelle Chan</u> Michelle Chan</p>
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	10/673,669	Confirmation No.:	2029
Applicant	:	David P. Stumbo et al.		
Filed	:	September 30, 2003		
TC/A.U.	:	2674		
Examiner	:	Regina Liang		
Docket No.	:	01-002901		
Customer No.	:	33140		
Title	:	Integrated Displays Using Nanowire Transistors		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

The references cited on the attached form PTO-1449 are being called to the attention of the Examiner. Pursuant to 1276 OG 55 dated August 5, 2003, Applicants are not providing copies of US patents and/or publications as this application was filed after June 30, 2003.

It is respectfully requested that the cited information be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR §1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is made that a search has been conducted or that this statement encompasses all possible relevant information.

Appl. No. 10/673,669
David P. Stumbo et al.
Supplemental Information Disclosure
Statement

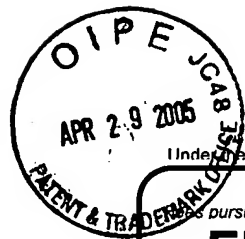
This information disclosure statement is being filed after the mailing date of the first Office Action and more than three months after the filing date, but prior to the mailing of a Notice of Allowance or Final Office Action. Authorization to charge the appropriate fee to the undersigned's deposit account is submitted herewith. Please charge any additional fees or credit any overpayment to Deposit Account No. 50-2336.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Andrew L. Filler", with a stylized flourish at the end.

Andrew L. Filler
Reg. No. 44,107

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180)

Complete if Known

Application Number	10/673,669
Filing Date	September 30, 2003
First Named Inventor	Stumbo
Examiner Name	Regina Liang
Art Unit	2674
Attorney Docket No.	01-002901

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 or HP = _____	x _____	= _____				
HP = highest number of total claims paid for, if greater than 20						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 3 or HP = _____	x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Fee

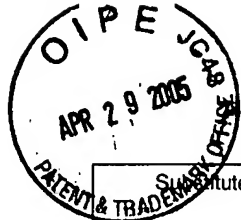
180

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 44,107	Telephone 650-331-2176
Name (Print/Type)	Andrew L. Filler		Date April 27, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



SUBSTITUTE for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>		Complete if Known		
		Application Number	10/673,669	
		Filing Date	September 30, 2003	
		First Named Inventor	Stumbo	
		Art Unit	2674	
Examiner Name	Regina Liang			
Sheet		of	Attorney Docket Number	01-002901

U.S. PATENT DOCUMENTS					
Examiner Initials	Cite No.	Document No.	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, lines, Where Relevant Passages or Relevant Figures Appeal
		Number - Kind Code (if known)			
	AA	US-5,920,078	7/6/1999	Frey	
	AB	US-5,962,863	10/5/1999	Russell et al.	
	AC	US-6,256,767	7/3/2001	Kuekes et al.	
	AD	US-6,447,663	9/10/2002	Lee et al.	
	AE	US-6,566,704	5/20/2003	Choi et al.	
	AF	US-6,586,785	7/1/2003	Flagan et al.	
	AG	US-6,760,245	7/6/2004	Eaton et al.	
	AH	US-6,798,000	9/28/2004	Luyken et al.	
	AI	US-20020117659	8/29/2002	Lieber et al.	
	AJ	US-20020127495	9/12/2003	Scherer	
	AK	US-20020163079	11/7/2002	Awano	
	AL	US-20020175408	11/28/2002	Majumdar et al.	
	AM	US-20030012723	1/16/2003	Clarke	
	AN	US-20030042562	3/6/2003	Giebeler et al.	
	AO	US-20030089899	5/15/2003	Lieber et al.	
	AP	US-20030186522	10/2/2003	Duan et al.	
	AQ	US-20030189202	10/9/2003	Li et al.	
	AR	US-20040036126	2/26/2004	Chau et al.	
	AS	US-20040061422	4/1/2004	Avouris et al.	

FOREIGN PATENT DOCUMENTS						
Examiner Initials	Cite No.	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T
		Country Code - Number - Kind Code (if known)				
	AT					

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and-or country where published.	T
	AU		

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.